Guiding Our Efforts

Our Vision:
CHKD nurses deliver exceptional pediatric care to our patients and their families in collaboration with other members of the healthcare team and community partners.

Our Mission:
We are engaged, professional, and compassionate caregivers who hold patients and families at the heart of our care.

Our Values:
• Compassionate care
• Empowerment
• Professional relationships

Our Philosophy Statement:
• Exceptional nursing care is grounded in evidence-based practice.
• Delivering patient-centered care requires high-functioning team members who demonstrate effective communication skills and a commitment to individualized care.
  We are responsible for following best practices and achieving quality patient outcomes.
• Nursing leadership, from bedside to administration, fosters trust, clinical inquiry, and service to colleagues and patients.
• Our practice environment utilizes resources to maximize patient safety, strong working relationships, and job satisfaction. As a result, we deliver the highest quality of care.
• We are internally motivated to continue our professional growth.
CHKD Nurses: More Than a Century of Care

CHKD was established in 1961 by The King’s Daughters – a charitable organization that has worked since 1896 to improve children’s health in our region. Their philanthropic mission and unwavering focus on what’s best for children still guide our efforts today as we strive to provide the highest quality care to every child who needs it, regardless of any family’s ability to pay.

Thanks to the efforts of The King’s Daughters, nurses have played a pivotal role in caring for the region’s children long before the hospital first opened its doors. In 1897, The King’s Daughters established a visiting nurse service. They hired Miss Edith Nason, RN, who saw patients in their homes six days a week, traveling on foot through Norfolk’s poorest neighborhoods. According to historical records of The King’s Daughters, Nason made 1,771 house visits during her first year. By 1912, the visiting nurse service employed seven nurses who rode bicycles to reach their patients.

To meet the city’s growing need for healthcare services, The King’s Daughters established a baby clinic in 1913 at their Duke Street headquarters in Norfolk. It wasn’t long before the clinic provided maternity care in women’s homes and, eventually, a designated maternity center. By 1931, the visiting nurses were making more than 40,000 home visits every year.

Fundraising to establish a children’s hospital began in the 1950s. When the hospital opened, it was called The King’s Daughters Children’s Hospital. Five years later, the visiting nurse service was phased out.

Throughout the years, the hospital has evolved and grown to provide comprehensive pediatric care. Today, more than 3,100 employees work for Children’s Hospital of The King’s Daughters Health System.

The heart of our healthcare system is our 206-bed teaching hospital in Norfolk – the only facility of its kind in Virginia. CHKD provides the highest level of neonatal intensive care in our region as well as specialty units for pediatric intensive care, cancer treatment, acute inpatient rehabilitation, medical and surgical care, and transitional care.
Welcome

We are pleased to present the 2018 Annual Report for Patient Care Services at Children’s Hospital of The King’s Daughters (CHKD). The year has been a significant one as we have been challenged with facility renovations, relocations, and surges in our census. Yet, with these variations, our team members have adapted to change and kept patients and families at the core of our work.

Our shared governance councils and clinical advancement program are highlighted in this report along with stellar achievements from our team members.

Major accomplishments include:

- Designation by the Virginia Department of Health as a Level I Pediatric Trauma Center.
- Training and certification of six registered nurses as wound treatment associates to expand the work of the wound care program.
- Recognition of nurses and respiratory therapists through continued partnership with the Daisy and PHIL (Pulmonary Health and Illnesses of the Lung) foundations.
- Successful accreditation visit from DNV-GL in February of 2018.

Our team members and colleagues bring a sense of camaraderie, wisdom, and joy to our work with patients, families, and each other. I treasure being on a path with each of you.

With gratitude,

Karen K. Mitchell, MSN, RN, CCRC
Chief Nursing Officer/Vice President, Patient Care Services
Employee Engagement: Opportunities and Achievements

As part of our commitment to employee engagement, CHKD conducted a staff survey in October 2018 to highlight successes and challenges, and to determine ways to strengthen our staff members’ emotional connection to their work. Nearly 75 percent of our employees participated.

From this starting point, we are committed to listening, learning, and growing together. By building on our strengths and addressing opportunities identified in the survey process, we will bolster our employee engagement.

After comparing our survey responses with those taken from 1.4 million other healthcare workers nationwide in 4,940 facilities, the results showed:

- Our overall engagement score was 4.09 on a scale of 1 to 5, with 5 being the best.
- Additionally, we ranked in the 42nd percentile overall on engagement.
- This means our score was higher than 2,075 other facilities surveyed.
A Team Effort

Our Shared Governance Councils

Coordinating Council
The Coordinating Council, led by Karen K. Mitchell, Chief Nursing Officer and Vice President of Patient Care Services, brings the leaders of all nursing councils together to facilitate communication and provide strategic guidance and evaluation of all council efforts.

Staff Engagement Council
The Staff Engagement Council creates strategies and tactics to retain our highly skilled nurses and recruit the strongest talent to join our patient care services team.

**2018 Accomplishments:**
- Annual report.
- Nurses Week activities.
- Doctors’ Day doughnuts and coffee activities.
- Green initiative to reduce waste.
Informatics Council
The Informatics Council works to ensure that CHKD’s electronic medical record system functions in alignment with nursing roles and responsibilities and reflects best nursing practices.

2018 Accomplishments
• Restraint documentation and order updates modified to reflect latest DNV and CMS regulations.
• Electronic documentation of sedation procedures became housewide for nurses and physicians.
• Electronic documentation of ECMO.
• Replaced Patient Access List in PowerChart with Care Compass, a new organization tool that helps nurses and respiratory therapists prioritize patient care.
• Streamlined point-of-care testing with Clinitek device used by staff in the emergency department, Children’s Cancer and Blood Disorders Center, and the 8B hematology/oncology unit to reduce errors and send prompt results to patient charts.

Practice Council
The Practice Council ensures and guides best evidence-based practices throughout the patient care services division. Their work is reflected in nursing policies and procedures, staff education and development, as well as patient/family education and support.

2018 Accomplishments
• Collaborated with 8C on the improvement of the Hall Pass.
• Work group formed to identify current process for general care patients requiring radiology studies: what expectations are, who can transport, and what care is provided in radiology.
• Safe sleep recommendations: Ensuring consistent practice.
• Collaborated with respiratory therapy to remove respiratory boxes from units.
• Ongoing project “First Five Minutes of a Code” ready to start filming.

Quality and Safety Research Council
The Pulse of Nursing Quality, Research, and Safety at CHKD
The Quality and Safety Research Council promotes patient care services staff participation in quality and safety initiatives and the development and utilization of nursing research at CHKD. Its objectives are to encourage and support nursing research while increasing staff involvement as primary investigators. The council assists with translating research findings and patient safety projects into nursing practice improvement initiatives – all while ensuring the integration of professional practice standards, organizational strategic pillars, and the relationship-based care professional practice model.

While constantly striving to increase the visibility of nursing research within the institution, as well as regionally and nationally, the council also provides support for unit-level quality, safety, and evidence-based practice initiatives. Its membership goal is to include: bedside nurses from every patient care services department, CPES staff, managers, QI/patient safety representatives, respiratory therapists, nursing practice and education representatives, a chief resident from the physician residency program, as well as support from the hospital research coordinator office.

2018 Accomplishments
• Sponsored the 2018 Poster Fair.
• Became the clearinghouse for any professional nursing posters being presented outside of CHKD.
• Hosted Nursing Grand Rounds in October: “What’s Your Problem? Clinical Problem That Is!”
Our Teams @ Work

Support U
In all medical settings, errors and adverse events occur despite everyone’s best efforts. It’s not uncommon for providers involved in stressful cases to experience a range of complex feelings similar to post-traumatic stress disorder.

Fortunately, early peer-to-peer support often helps those involved in adverse events cope with their stress. To provide this type of support, CHKD has partnered with Children’s Specialty Group and Eastern Virginia Medical School to create Support U, a three-tiered model of support for providers who have experienced the kind of events that can lead to second victim syndrome.

In 2018, Support U continued to expand and promote its mission. The program now includes 210 trained peer supporters. Plans were made to present the Support U program at the Children’s Hospital Association Chief Nursing Officers Forum. Additionally, EMS personnel participated in Support U training.

Notably, peer support encounters continue to increase each year the program is in place.

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documented peer support encounters.

documented encounters with several second encounters needed or requested.

documented encounters, including second encounters.
Workplace Violence Committee
In 2018, Children’s Hospital of The King’s Daughters Health System (CHKDHS) created a new policy to help prevent workplace violence. CHKDHS prohibits any act or threat of violence, intimidation, or physical altercations, by any employee or other individual against any person, at any time on CHKDHS premises.

As part of its new policy, CHKDHS instituted three major strategies to improve workforce safety: expanded employee training, a team to investigate events, and a frontline staff workplace violence committee to provide employee insights and input. The committee includes staff from the emergency department, patient registration, security, 8C, chaplaincy, social work, urgent care, and child life.

After identifying risks, the committee made several recommendations to help prevent workplace violence. So far, changes include the following:

- Workplace violence signage in waiting areas and exam rooms.
- Additional chaplain and patient advocate rounds in the emergency department.
- Staff education on security lockdown processes.
- Trauma visitor badging.
- Social worker on duty at all times.
- Verbal and physical violence reporting forms.
CHKD’s Nursing Education and Advancement Programs

Continuing Nursing Education Program
In 2018, CHKD offered 240 individual continuing nursing education (CNE) activities. Those activities led to 10,619 contact hours. CHKD will continue to provide continuing nursing education in 2019 as an approved provider by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Clinical Advancement Program
CHKD’s clinical advancement program (CAP) encourages, values, and rewards professional development and advancement for the clinical nurse. To be considered for advancement, nurses submit detailed portfolios enumerating activities and achievements in each pillar of relationship-based care.

This past November, after the program passed its two-year mark, we surveyed our newest group of participants. Forty-five individuals participated in the survey, including new participants and renewals.

Themes that emerged in the feedback include:
• Increased satisfaction with the accessibility of the resources on CHKD.org.
• Continued satisfaction with the mentoring relationship.
• Intention to remain committed to the program.
• Although not all participants attest that they will be remaining at the bedside indefinitely (retention being one of the main goals of the program), the majority say the program has increased their level of engagement in professional activities.

Areas for improvement:
• The definition and interpretation of activities within the activity menu.
• Recognition for CAP advancement within each clinical department.
• Potential for sample portfolios.

The clinical advancement program continues to grow stronger and to offer a meaningful way for the bedside nurse to be tangibly rewarded for personal contributions, experience, and continued engagement. The work group is now comprised of, and led by, CAP participants and graduates. We look forward to the growth and evolution of this program in the coming year.
Listed below are nurses from the patient care services division who advanced through CAP since our last publication.

**Clinical Nurse 3**

**7C**
- Hannah Handy, BSN, RN, CPN
- Joellen Quanty, BSN, RN, CPN
- Stephanie Redfern, RN, CPN
- Kelly Wiggins, BSN, RN

**8B**
- Leslie Dunn, RN, CPN
- Amanda Parshall, BSN, RN
- Kelsey Sowell, BSN, RN, CPN

**8C**
- Chasity Barnes, BSN, RN, CPN
- Kelly Jansen, BSN, RN, CPN
- Aubrey Todd, BSN, RN
- Britne West, BSN, RN, CPN

**ED**
- Stephanie Graefe, BSN, RN, CPEN
- Rachel Horton, RN, CPEN
- Denise Lafortain, RN, CPEN
- Monica Laurendau, RN, CPEN
- Francine Reed-Barnes, RN, CPEN
- Rebecca Roenker, BSN, RN, CPEN
- Cecilia Sotomayer, BA, CPEN
- Megan Yeo, RN, CPEN

**NICU**
- Rachel Bramhall, BSN, RN
- Bethany Eldridge, BSN, RN
- Bette Fox, BSN, RN, RNC-NIC
- Taylor Hannah, BSN, RN, RNC-NIC
- Kathy Jones, BSN, RN
- Morgan Pittman, BSN, RN, RNC-NIC
- Allison Smithwick, BSN, RN, RNC-NIC
- Christina Stafford, RN, RNC-NIC
- Kelly Ann Talley, BSN, RN, RNC-NIC
- Eli Ticar, BSN, RN, RNC-NIC
- Laura Warner, BSN, RN, RNC-NIC
- Lauren Wood, BSN, RN, RNC-NIC

**OR**
- Genevieve Alberts, RN, CNOR
- Aftron Britt, RN, CNOR, CPN
- Marcia Craver, RN, CNOR
- Barbara L’Abbe, RN, CNOR
- Melissa Marshall, BSN, RN, CPN
- Debra Sandberg, RN, CNOR, CLSO-M
- Adriana Weaver, RN

**PACU**
- Heather Clingon, RN, CPN
- Malea Drummond, DNP, RN, CPN
- Erin Nelms Arthur, BSN, RN, CPN
- Dallas Seitz, BSN, RN

**RSIU**
- Sherri Davis, BSN, RN, CPN
- Cindy Shelton, BSN, RN

**TCU**
- Melanie Saria, BSN, RN

**Transport**
- Sherry Dortch, BSN, RN

**Clinical Nurse 4**

**7C**
- Kari Holowiak, BSN, RN, CPN
- Meredith Strickland, BSN, RN, CPN
- Deanna Whitley, BSN, RN, CPN

**8C**
- Leanne McDonald, BSN, RN, CPN

**CCBDC**
- Teresa Black, BSN, RN, CPHON, CHPPN

**ED**
- Rebekah Mercer, BSN, RN, CPEN
- Jennie Spears, BSN, RN, CPEN
- Antonia Walters, BSN, RN, CPEN

**NICU**
- Karen Hancock, LNC, RNC-NIC
- Lisa Stephens, BSN, RN, RNC-NIC

**OR**
- Allison Ames, BSN, RN, CNOR
- Jennifer Keech, BSN, RN, CNOR, CPN, CST
- Hannah Shaw, BSN, RN, CNOR, CRNFA
- Ann Vick, BSN, RN, CNOR, CPN
- Sherman Woodland, BSN, RN, CNOR

**PACU**
- Lisa Calascibetta, BSN, RN, CPN
- Safonya Miller, BSN, RN, CPN
- Ann Purser, BSN, RN, CPN

**PASC**
- Lorraine Volk, BSN, RN, CNOR

**RP**
- Carrie Donnellan, BSN, RN, CPN
- Kelly Foster, BSN, RN, CPN
- Robyn Hilbert, BSN, RN, CPN
- Leanne Stone, MSN, RN, C-PNP

**RSIU**
- Debbie Matthews, BSN, RN, CPN, VA-BC

**Transport**
- Christopher Cannon, BSN, RN, CEN, CFRN

**VAT**
- Belinda Bordeaux, BSN, VA-BC

**Clinical Nurse 3**

**Clinical Nurse 4**
New Certifications 2018

**7B**
Garwin Saeger, BSN, CPN

**7C**
Emily Goodwin, RN, CPN
Rigene laquina BSN, RN
Chyna Kinser, RN, CPN
Kelsey Stroud, BSN, CPN

**8B**
Leslie Dunn, RN, CPN
MacKenzie Ketchum, MSN, BSN, CPN
Kelsey Sowell, BSN, RN, CPN

**8C**
Kelly Jansen, BSN, RN, CPN
Britne West, BSN, RN, CPN, WTA

**ED**
Stephanie Graefe, BSN, CPEN
Rachel Horton, RN, CPEN
Denise LaFountain, RN, CPEN
Colleen Monahan, BSN, RN, CPEN

**NICU**
Lindsay Cornatzer, BSN, RN, RNC-NIC
Kirstina Crizaldo, MSN, RN, NNP-BC
Shayna Curley, RN, RNC-NIC
Bette Fox, BSN, RN, RNC-NIC
Susan Gibbs, BSN, RN, RNC-NIC
Taylor Hannah, BSN, RN, RNC-NIC
Melissa McCann, BSN, RN, IBCLC, CPN
Morgan Pittman, BSN, RN, RNC-NIC
Alison Smithwick, BSN, RN, RNC-NIC
Lisa Stephens, BSN, RN, RNC-NIC
Eli Ticar, BSN, RN, RNC-NIC
Lauren Wood, BSN, RN, RNC-NIC

**NP & ED**
Patti DePeter, MSN, RN, CNOR, CPN

**TRANSPORT**
Kelly Ann Talley, BSN, RNC-NIC

**VAT**
Susan Hopkins, BSN, RN, VA-BC
William (Todd) Schimmel, BSN, RN, VA-BC

Advanced Education 2018

**7C**
Bianca Tyler, MSN, BSN, RN, PNP

**8C**
Britne West, BSN, RN, CPN, WTA

**ED**
Robin Henry, BSN, RN
Andrea Jennings, BSN, RN

**NICU**
Darlene Fulinara, BSN, RN, WTA
Taylor Hannah, BSN, RN, RNC-NIC
Angela Ortiz, BSN, RN, WTA
Marcy Maunwiler, BSN, RNC-NIC

**OR**
Allison Ames, BSN, RN, CNOR, CPN
Christian Vallaster, RN, WTA
Allison Wood, BSN, RN

**PICU**
Batrice Johnson, BSN, RN, WTA
Cassandra Langless, MSN-NP, BSN, RN, CCRN
Andrew Scott, RN, WTA

**NP & ED**
Heidi Alvarez, MSN, RN, RNC-NIC

**TRANSPORT**
Betty Watson, MSN, BSN, RN

All Certified 2018

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Coastal Virginia Society of Pediatric Nurses

The Coastal Virginia Chapter of the Society of Pediatric Nurses (SPN) offers networking, continuing education opportunities, live webinar presentations, and mentorship opportunities for submitting abstracts to the Journal of Pediatric Nursing. CHKD nurses started the Chapter in 2017. Many of its members today are CHKD nurses.

As a pediatric nursing organization, SPN’s mission is to advance the specialty of pediatric nursing through excellence in education, research, and practice.

Members of SPN participated in several philanthropic activities and events in 2018:

- CHKD RunWalk for the Kids to benefit mental health.
- Adopt a Family.
- Holiday cards for soldiers.
- Medicine drive to support ForKids, Inc.
- Serving homeless individuals at Norfolk’s event, Sunday in the Park.
- Fall Fest for children with special needs and their families.
- Survival kits for homeless individuals in our community.

Professional Achievement

Every year, CHKD nurses share their in-depth knowledge and expertise by contributing to peer-reviewed journals and presenting at local and national events and conferences. Their contributions and innovation help improve pediatric care nationwide.

**Vanessa Bertini**, MSN, RN, CPON, CPN, was an author of a standardized checklist for newly diagnosed cancer patients for Children's Oncology Group that will be published in the Journal of Pediatric Oncology Nursing.

**Belinda Bordeaux**, BSN, RN, VA-BC; and **Megan Brinkley**, MSN, RN, CPHON, presented the poster “Decreasing a Knowledge Gap: Peripheral IV Infiltration and Extravasation (PIVIE)” at the 2018 Conference of the Society of Pediatric Nursing.

**Hope Breckenridge**, MSN, RN, CPN; **Elizabeth Yancey**, MSN, MHA, RN, CRRN; and **Whitney Pierce**, BSN, RN, presented the poster “From the Ground Up … Opening a Neuroscience Unit” at the 2018 Conference of the Society of Pediatric Nursing.

**Monique Dixon**, MSN, RN, presented the poster “Paving the Way: Breaking Ground in Preventing IV Infiltrates” at the 2018 ANA Quality and Innovation Conference.
Ferne Elsass, MSN, RN, CPN, CWON; and Monique Dixon, MSN, RN, presented the poster “PICU in Motion: Constructing an Evidence-Based Protocol for Early Mobility in a Pediatric Intensive Care Unit” at the Symposium on Advance Wound Care’s Annual Conference and at the Wound, Ostomy and Continence Nurses Society Annual Conference in 2018.

Ferne Elsass, MSN, RN, CPN, CWON, presented the poster “The Safe Use of Pure Hypochlorous Acid as a Cleanser of Skin and Wounds on the Premature Infant” at the Symposium on Advance Wound Care’s Annual Conference and at the Wound, Ostomy and Continence Nurses Society Annual Conference in 2018.

Kari Holowiak, BSN, RN, CPN; Meredith Strickland, BSN, RN, CPN; Shelby Lighton, BSN, RN, CPN; and Amanda Marino, BSN, RN, CPN, presented the poster “Just NUSS‘ing Around: Nursing Care of the Pectus Excavatum Patient” at the 2018 Society of Pediatric Nursing Conference.

Pamela Johnston, BSN, RN, spoke at the spring nurse pinning ceremony for Tidewater Community College in May.
Ambulation Project Gets Patients Moving

The 7C Unit Based Council (UBC) found a creative way to encourage patients to get up and start walking. Using tips from UBC Chair Meredith Strickland, project team members created a scavenger hunt for children and a sticker chart to reward them for moving.

The scavenger hunt leads patients on a walk (with staff or family) throughout the unit to find clues painted on the walls. Once they find all the clues, they receive a prize.

The sticker chart motivates children to perform specific physical activities such as walking the hallway or visiting the playroom. Patients receive a sticker for each task they complete. When the chart is full, the patient earns a prize.

The ambulation project also addressed how to help isolation patients get moving by creating a separate reward chart. All of the charts can be placed outside a patient’s door to let medical staff know their activity level.
Communicating to Save Lives

CAHR Program
The treatment of sepsis, like other serious infections, requires early detection and timely medical intervention. CHKD has developed, and is currently testing, a new program called Children At High Risk (CAHR), designed to help expedite our approach to identifying and treating patients who may have an increased risk of complications associated with an infection or other conditions with a high risk of mortality.

CAHR Score Gauges Risk
The CAHR alert tool calculates a score for each patient based on 11 factors (e.g. vital signs, infection, cultures, etc.). A CAHR score ≥5 means the patient is considered to be at a higher risk for infection-related decompensation and/or sepsis. CAHR is predictive in its design, which means it is predicting that the patient has a higher risk for decompensation over the next 48 hours. As the score increases, the probability of risk increases.

The goal of the CAHR program is to encourage providers to re-examine at-risk patients and to discuss each individual situation in a huddle to determine the therapies needed and frequency of re-examinations and associated huddles. CAHR promotes communication across care teams for these at-risk patients.

Currently, CAHR is used in the emergency department. The transport team soon will be using CAHR to manually score patients being transported from outside facilities to CHKD. Patients coming to inpatient units from the emergency department and from the transport team will soon be reporting a CAHR score (if applicable and ≥5) to the unit they are assigned.

Below is a graph that shows the relationship between the CAHR score and severity of illness (SOI). Severity of illness index is calculated after a patient has been discharged from the hospital using information from their entire stay (ICD 10 codes, procedures, interventions, etc.) and is defined as the extent of physiologic decompensation or organ system loss of function. As the CAHR score increases, the probability that the patient will have a major or extreme severity of illness increases.

For example: With a CAHR score of 9 to 10, the patient has a roughly 50 percent chance for a major or extreme severity of illness within 48 hours.

Association of CAHR alert score with major or extreme severity of illness.

Based on 61,617 cases during 11/12 - 12/12, 08/14 - 01/15, and 01/17 - 06/17
*Number of cases with indicated CAHR score range
It is important to remember that the CAHR score is a guide to help increase situational awareness for patients at higher risk. Every patient is different and still requires clinical judgment to determine status, interventions, resources, and placement.

**Advancements in Hematology/Oncology**
In 2018, the Children's Cancer and Blood Disorders Clinic (CCBDC) and 8B inpatient hematology/oncology worked together on staff and patient education to help parents and caregivers understand the importance of taking Mercaptopurine consistently each day to treat leukemia. When a child skips this medication, it can greatly increase the risk for relapse.

Oncology coordinators performed roaming education in the CCBDC and 8B to ensure every nurse became aware of new guidelines for this medication so they could share the information with families. The new guidelines simplify how to take the medication, ultimately making it easier for parents and caregivers to dispense it.

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**Improving Mercaptopurine Adherence to Prevent Relapse**
Rachel Doyle, BSN, RN, CPHON & Heather Bamford, MSN, RN
Children’s Cancer & Blood Disorders Center, Norfolk, VA

**Background**
Mercaptopurine (6MP) is an oral medication used in the treatment of acute lymphoblastic leukemia (ALL). This agent is given at several different points in ALL therapy. In up-front therapy 6MP is given daily over several weeks, during the maintenance phase it is given daily for 2-3 years.

Patients must be ≥ 95% compliant with their daily doses; otherwise their risk of relapse increases almost 3-fold. Factors such as family demographics, education, income, ethnicity all contribute to successful or unsuccessful adherence. Even in initially compliant patients, adherence drops off over time. Additionally, outdated practices of administration created barriers to compliance. Previous methods included only giving on an empty stomach, giving only in the evening and avoiding dairy products with administration. Research now shows that time of day does not matter; however taking 6MP at the same time of day increases adherence. Medication levels are not affected by food, even dairy.

**Interventions**
- Literature review of new 6MP administration guidelines performed
- Principle Investigator assessed that new education material for staff and families was needed, tasked Oncology Coordinators to create and disseminate this information
- Oncology coordinators performed roaming education on 8B & CCBDC, speaking with each RN individually to make them aware of the new guidelines and teaching resources.

**Results**
- < 95% adherence rate
- 2.7-fold increase relapse risk (P=.01)
- 44% are at ↑ risk of relapse
- Consuming < 95%
- Consuming > 95%

**Ongoing Education**
- We will continue to offer education to each patient and family prior to starting 6MP
- RNs are encouraged to provide the above education to patients at each clinic visit as well as when discharged from the inpatient unit. RNs are able to electronically attach the patient education to discharge instructions
- Tools are available for families who need help to take medicine and to document compliance

**Going Forward**
- Identify barriers or holes in medication reconciliation process for CCBDC and in-patient unit
- Reinforce the need for repeated education for long-term compliance
- Engage the entire interdisciplinary team for medication adherence for our families – identify barriers and create tool kits

**Sources**
Honoring Exceptional Care Delivery

Sharing Words of Gratitude
Throughout 2018, families of patients posted on the CHKD Facebook page, sharing their appreciation for our care and acknowledging many staff by name.

❤️ All the awesome nurses in the endo office. You guys rock!
Like · Reply · Message

Rob was wonderful when my daughter was going through chemo. He could make her laugh when no one else could. Thank you to all the nurses especially Rob.
Like · Reply · Message

RN Ana from 7th floor made it the BEST post surgery experience for our 8 month old. She deserves an award!!!! 🎉 also our night shift nurse RN Kellie was attentive and on time with his pain meds. Thanks so much ladies
Like · Reply · Message

Words can never say enough to show our love and appreciation for the HEM ONC clinic nursing staff and the nursing staff on 8B! The love and support you show us and our daughter, is beyond comprehension!!!! Thank you for all you do!!!!!
Like · Reply · Message

The nurses at CHKD are world class.
Like · Reply · Message

Thank you for all your hard work and dedication to saving babies. To all the NICU nurses that saved my grandson’s life ... He is going home soon.
Like · Reply · Message
We spent quite a bit of time with Deborah in the sedation unit for our son who was getting a MRI. She was very kind, comforting, personable, and made sure we had all our questions answered!!! Thank you Deb, and HAPPY NURSES WEEK!

Like · Reply · Message

My grandson was in CHKD in August/September with a ruptured appendix. What wonderful, loving care he received! Could not have been in a better place! ❤️

Like · Reply · Message

Almost 5 years ago some awesome nurses took care of my daughter in the PICU. I especially remember a nurse named Jocelyn who helped my daughter (and me) get through a scary night. Thank you to all CHKD nurses!!!

Like · Reply · Message

The most amazing nurses!

Like · Reply · Message

We’ve had the pleasure of meeting many wonderful nurses at CHKD but Dana Gordon Smith is one of the best NICU nurses there is! She treated both our babies like they were her own! ❤️ My 8 year old son (ex 28 weeks) adores her still. Thank you for everything you do Dana.

Like · Reply · Message

Love all these wonderful nurses!! Shout out to Rob, Lyndsay, Hannah, Theresa and all the other amazing nurses who cared for our son when he was getting treated on the 8th floor clinic.

Like · Reply · Message
Nursing Excellence Award Winners 2018

Traci Farley, BSN, RN
Ambulatory Care
Nursing Excellence Award

Deborah Hardway, MSN, RN
Ambulatory Care Leader of Nursing Excellence Award

Michelle Deguzman, RN, CPHON
Patient Care Services
Nursing Excellence Award

Colleen Grose, MSN, RN, CPN
Patient Care Services Leader of Nursing Excellence Award
DAISY Award Winners 2018
The DAISY Award recognizes nurses who consistently demonstrate excellence through their clinical expertise and extraordinary compassionate care.

Lisa Nolen, MSN, RN
Neuroscience

Alex Villalon, RN
Unit 7C

Molly Lowther, BSN, RN
Unit 8B

Nicole Craven, BSN, RN
PICU

Elizabeth Collins, BSN, RN
Unit 8C

Claudine Arena-Kayton, RN
PACU

Claire Harris, BSN, RN, CPN
Unit 7C

Stephanie Ellis, BSN, RN
Unit 8C

Jacqueline Goode, RN
NICU
PHIL Award Honoree 2018
The PHIL Award is a nationally recognized, hospital-based program dedicated to honoring outstanding respiratory therapists who provide exemplary care and treatment for patients with respiratory illnesses, as nominated by patients, family members, and other caregivers.

Ty Miller, RRT-NPS

2018 Support Services Excellence Award Winners

Pamika Sylvestor, MOA
CCBDC

Samantha Reyes, NCP
Unit 8C

Rebecca Wood, NRP
ED Tech

Diane Ridgeway, NCP
Unit 7C

Kathy Holley, NCP
Unit 8B

(Colleen Wise, NCP, and Rachel Williams, NCP, were nominated and are pictured as well.)
A Wealth of Resources

Standardizing Door Signage
In a collaboration with the CHKD marketing and public relations department, nursing practice and education staff helped create a set of removable, standardized door signs to improve patient care throughout the hospital. The signs indicate important messages including allergies, diet, and whether a patient should wear a mask outside their room.

Helping Patients with Limited English Proficiency (LEP)
In 2018, the LEP quality improvement team created a new LEP icon to inform patients they can request an interpreter to help communicate with CHKD medical staff. Thanks to the use of the new LEP icon, more patients who need assistance from an interpreter are receiving help in the emergency department. After putting the LEP icon in place, the percentage of patients taking advantage of our interpreter services increased by 18 percent.

As a result, about 70 percent of identified Spanish-speaking patients with limited English capabilities ultimately received help from an interpreter. Our goal is to make sure that 100 percent of Spanish-speaking patients with limited English receive help from an interpreter.

PICU Improves Care with Trauma Cart
CHKD nursing staff in the PICU created their own trauma cart to be used on the unit, eliminating the need for multiple runners. The trauma cart provides a centralized location for supplies, ultimately improving patient care.
Improving Patient Care

NICU Certification Review Classes
The NICU hosted two certification review courses this year with a total of 20 attendees. Following these classes, 11 bedside nurses (as of December 2018) received their certification in neonatal intensive care nursing with more planning to take the certification exam in the coming months.

Restraint Use
Restraint use is a complex and challenging focus in healthcare as it is regulated by CMS as well as DNV. In 2018, CHKD corporate and nursing policies were updated. The following changes were made:

- Jacket and vest restraints are no longer in use at CHKD.
- Medical and surgical restraint orders are to be renewed every 72 hours.
- Restraint orders require the use of a PowerPlan.
- Each restraint device must have an order detailing conditions for use.
- Patients requiring more than one type of restraint must have each restraint type ordered separately. (For example, patients with brain injuries require a reverse seat belt for safety while in a wheelchair and a fully enclosed bed for safety when at rest or sleeping.).
- New documentation rules implemented.

Helping Patients with Special Needs
In 2018, perioperative services identified the need to develop an individualized care plan for our special needs patients. In collaboration with anesthesia, surgeons, the surgical services coordination center, and perioperative nurses, a power form was created and put into use for early identification of patients who have special needs. This enables us to include the family in the development of an individualized plan of care based on each patient’s specific needs.

As a result, the transition through the perioperative process has been made less stressful and more cohesive for these patients and their families. The patients are identified throughout the surgical process with a green star to make all disciplines aware. Although this process is fairly new, we have had positive feedback from families and staff throughout the hospital.

Several families shared their gratitude on social media:

“Kudos to CHKD! Taking my boy in for his hopefully final endoscopy next week. When they noted he has ASD, they asked if he wanted a long list of comfort techniques: how he best communicates and responds, quiet atmosphere, headphones, a weighted blanket, staff not to congregate around his bed in recovery and how quickly he needed a parent by his side afterwards. LOVE that they’re going that extra mile individualizing and easing the process!!”
NICU Intraventricular Hemorrhage (IVH)

Bleeding in the brain, or intraventricular hemorrhage (IVH), in neonates can have devastating, long-term effects. NICU nursing staff, working together with neonatologists and neonatal nurse practitioners, made a significant impact in 2018 to decrease the NICU rates of IVH by putting into place a bundle of preventive measures. The changes apply to infants born 28 weeks gestation or earlier. The bundle is targeted for the first 96 hours of life.

The evidence-based protocol and interventions include:

- Keeping the infant’s head in a midline position.
- Elevating the head of the bed up to 25 degrees.
- Using a transportle (a transport and positioning device).
- Full assessments/hands-on care every six hours to decrease stimulation.

The use of a care log has also been instituted. This creates a record of each time the infant is touched or any time the isolette is entered for any reason. By collecting data on how often the neonate is stimulated, the care log provides staff information that can be used to improve the clustering of care among healthcare providers. While this is an ongoing project, the NICU rates of IVH significantly decreased two months after instituting the new preventive measures.

Don’t Skip the Drip: Update

In 2018, nurses from the Children’s Cancer and Blood Disorders Center and 8B inpatient hematology/oncology created a poster to follow up on the practice changes from the “Don’t Skip the Drip” initiative from the previous year. It highlighted the change in secondary sets engendered from this initiative and how these findings eventually went housewide. This initiative ultimately changed practice for the better by ensuring that the most accurate means for secondary/piggyback medication administration was used.
Inpatient CLABSI Huddles
As part of its commitment to eliminate central line-associated bloodstream infections (CLABSI), the hematology/oncology unit staff created a team-focused approach to analyze cases and create prevention strategies.

When a CLABSI occurs, staff are notified by email and invited to attend an upcoming CLABSI huddle. Everyone is asked to answer the following question: “Can you identify any practice variances, issues, behaviors, or opportunities for improvement related to the patient’s central line care or hygiene that may help us brainstorm possible CLABSI prevention for the future?”

CLABSI huddles take place promptly. A clinical practice and education specialist presents the case and then invites unit staff to attend or provide feedback prior to it, if they can. Feedback/observations and the CEA form are completed through these interviews.

The CPES succinctly presents the case, addressing any unanticipated occurrences that effect them. It has taken a standardized team approach to addressing and understanding CLABSIs in real time, and delving into their potential contributing factors, in order to reflect on bundle best practices, deviation from them, and brainstorm ways of preventing CLABSI from occurring again. When a CLABSI is identified on 8B, it is recognized as a bundle issue.

Our Goal: Team Contribution

What happens when there is a CLABSI identified on 8B?
- In the spirit of transparency and a just culture, our 4 CLABSI Countdown Calendars posted on our unit’s quality board, huddle board, staff lounge and H/O conference room, which alert us to how many days we have gone without a CLABSI, stop.
- The staff is notified via email and invited to contribute by answering this question and/or attending the upcoming CLABSI HUDDLE.

“Can you identify any practice variances, issues, behaviors, or opportunities for improvement related to the patient’s central line care or hygiene that may help us brainstorm possible CLABSI prevention for the future?”

The Steps of a CLABSI Huddle:
- The CPES reviews the chart, looking into documentation of issues that may have caused practice bundle variances for the 3-5 days preceding the positive CLABSI date.
- Specific sections of intensive chart review include:
  - Lines and Devices - Central line access, sterile dressing changes, cap changes, difficulty with blood draws/flushing, daily assessments, consolidation of line entries
  - GI-Issues - diarrhea/vomiting
  - Skin - compromised skin or mucosal breakdown
  - ADLS - daily hygiene, oral care bundle elements, CHG baths, linen and gown changes, ambulation
- From the information gathered, relevant staff who actively provided direct care are identified and encouraged to offer feedback, and the CLABSI Critical Event Analysis (CEA) form is completed through these interviews.
- The CPES meets with the family and child, inviting them to provide feedback/observations and to participate in the Huddle. If they choose to do so, the Huddle will be held at the patient’s bedside. Otherwise, it will be on the pod so staff can attend more easily.
- An email calendar invite and unit alert with the time and place of the CLABSI Huddle is announced overheard for the interdisciplinary team. Huddles are scheduled promptly, with an attempt to organize them for the day of or day after CLABSI notification. This is done in an effort to keep information fresh, relevant, and actionable in real time. RNs/CPNs, residents, attending on ward, infection control team, Oncology Coordinator, unit manager, director, child life, unit ESD staff and students involved in care of the patient are invited to attend or provide feedback prior to it, if they can.

Sharing Outcomes: Transparency
- The Huddle is summarized briefly on a template and presented as a case study during the next staff meetings.
- Variance noted in practice and best practice interventions are discussed with the team.
- Outcomes are shared via the monthly unit newsletter and with our ambulatory colleagues through shared governance and CLABSI workgroup forums.
- Our CLABSI calendars go back to zero and the count reverts with a unit celebration promised us every 100 days, CLABSI free.

Our H/O population, with its competing sources of bacteremia from compromised skin, mucosal barrier breakdown and profound neutropenia, is especially vulnerable, making the impact of standardizing and “bundling” evidence-based and expert opinion-supported central line care practices for the reduction of CLABSI rates difficult to determine. Nevertheless, our commitment to be vigilant stewards of our practices by using the interdisciplinary approach through CLABSI Huddles, propels us to take action on any variances that may contribute to this preventable HAC.
**Trauma Services**

On Aug. 22, 2018, CHKD was designated as a Level I Pediatric Trauma Center by the Virginia Department of Health. The designation reflects years of hard work and collaboration among the health system’s clinical and administrative staff. During 2018, CHKD treated 667 trauma patients. The trauma team responded to 183 trauma activations in the emergency department.

CHKD’s trauma services team also had a busy year providing hospital and community education while participating in various events throughout the community:

- Wake Up with Trauma lectures reaching 170 attendees.
- Monthly trauma/burn courses for 103 staff members.
- Trauma simulations with Dr. Ann Kuhn, medical director of trauma services.
- Third Annual Pediatric Trauma Conference.
- Town Point Park Children’s Festival: Helmet safety tips.
- 39th Annual Virginia EMS Symposium.
- 34th Annual Grand Illumination Parade.